

2665

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

354

1. Place of Death: (a) County Pima (b) City or Town Tucson (c) Location Pima Co Hospital
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 10 days; In Community 24 yrs; in Arizona 24 yrs
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Ariz; (b) County Pima; (c) City or Town Tucson
(If outside city limits also write RURAL)

(d) Street No. 313 So Campbell; (e) Citizen of foreign country (yes or No) no
If Yes, which country _____ (If NONE write the word)

3. (a) FULL NAME Samuel Stone Farr (b) If Veteran ? name war _____ Social Security No. Unknown

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced widowed
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased July 10th 1878
(Month) (Day) (Year)

8. AGE: Years 64 Months 0 Days 27 hrs. _____ min. _____
If less than one day

9. Birthplace Phil, Pa
(City, town or county) (State or Country)

10. Usual Occupation On Relief

11. Industry or Business _____

Father { 12. Name Jonas Farr
13. Birthplace New Jersey
(City, town or county) (State or Country)

Mother { 14. Maiden Name Annie Devault
15. Birthplace New Jersey
(City, town or county) (State or Country)

16. (a) Informant's own signature Pima Co Hosp Records
(b) Address Tucson Ariz

17. (a) Burial, Cremation or Removal Burial
(b) Place Evergreen (c) Date Aug 10 1942

18. (a) Embalmer's Signature John E. Reilly Jr.
(b) Funeral Director Reilly Undertaking Co
(c) Address Tucson Ariz

19. (a) 8-10-1942
(Date received local Registrar)
(b) S. J. Howard, M.D.
(Registrar's Signature)

20. MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug 7 1942
TIME (Hour and minute) 8:55 A.M.

21. I hereby certify that I attended the deceased from July 28, 1942 to Aug 7 1942
that I last saw him alive on Aug 6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute right ventricular failure

Due to Chronic cor pulmonale
Chronic pulmonary emphysema

Due to heart

Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Samuel J. Howard
Address 4 E. Congress St. Date signed 8/7/42